TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTO TOTALS AS OF 10/31/05)						
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT		
INPATIENT	18,534	21,297	131,059	\$83,803,076.63		
OUTPATIENT	112,955	245,844	1,591,857	\$50,801,109.40		
CHILD PART HOSP	. 0	. 0		\$0.00		
CHILD DAY TREATMENT	0	0	0	\$0.00		
ADULT PART HOSP	0	0	0	\$0.00		
ADULT DAY TREATMENT	1	17	213	\$2,559.39		
SKILLED NURSING FACILITY	896	1,457	22,440	\$4,621,451.22		
INTERMEDIATE CARE FACILITY	15,292	54,549	1,587,230	\$130,074,612.69		
INTER CARE MENTAL RETARDA	2,242	9,037	264,612	\$84,102,039.26		

197

32

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36,184

785,540

64,080

41,371

12,987

8,081

6,884

5,689

49,603

20,929

498,677

105,282

49,136

18,765

4,517

8,662

86,330

42,576

45,503

17.352

1,910

3,975

18,506

8,617

n

213

54,752

55,882

9,231

3

57,226

19,720

2,430,128

1,106,395

5,843

34

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574.417

64,871

80,613

8,059

7,096

5,762

49,560

20.927

498,677

118,038

163,402

22,053

156,290

87,820

45,322

58,854

21.497

52,519

115,905

22.833

251,048

12,168

Ω

2,206,710

1,143,650

304.592

3

4.679.865

57,226

235,855

623,142

2,255,871

1,106,395

1,059,818

36

31

1

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0

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1

14.052

198,596

33,598

27,162

2.972

5,853

1,580

2,437

3,636

294,329

36,354

147,871

6,189

6,637

30.515

20,103

4,058

1,524

60,040

32,072

14,216

10.310

431

540

6.519

2,430

8,936

7,877

1.913

0

38

3

854

202,200

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

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\$1,432,554.56

\$12,036.87

\$1,257.05

\$21,660,164,19

\$50,371,605.71

\$8,852,817.15

\$1,261,504.26

\$4,626,372.16

\$137,021,666.31

\$793,444.65

\$128,798,37

\$269,226.28

\$32,023,387.83

\$3,756,940.12

\$3,180,575.01

\$2,446,972.57

\$9,742,928,92

\$3,635,566.24

\$4,817,586.81

\$7,711.04

\$944,795.85

\$9,810,163.58

\$2,216,916.30

\$1,416,872.56

\$638,492.09

\$653,315.15

\$711,891.08

\$108,158.79

\$0.00

\$2,998,624.79

\$1,905,524.79

\$76,970,158.24

\$12,728,492.57

\$4,755,075.71

\$10,931,886,21

\$997,354.00

\$0.00

\$0.00

\$0.00

\$135.00-

\$11,210,726.57

1

IAMM2200-R003 (MR-0-12)

NURSING FAC FOR MENTAL ILL

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOMA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

HOME HEALTH

CLINIC SERVICES

PHYSICIAN

AS OF 10/31/05

IAMM2200-R003 (MR-O-12)	IOWA DEPARTMENT OF HUMAN SERVICES
NS OF 10/31/05	MEDICATO MANAGEMENT INFORMATION SYSTEM

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

PAGE 2 RUN DATE 10/23/05

> TOTAL PAYMENT

\$7,652,607.56 \$968,895.81

\$787,067,781.34

\$0.00

(FISCAL YTD TOTALS AS OF 10/31/05)

0

34.829

0

19,748,975

32,554 O

6,039,690

*** END OF REPORT ***

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE

0

38

9,589

349,531

COUNTY OFFICE REIMBURSEMENT

* ALL CATEGORIES *

MEP SERVICES

UNASSIGNED